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HONOLULU ETHICS COMMISSION

925 DILLINGHAM BOULEVARD, STE. 190, HONOLULU, HI 96817

TEL: (808) 768-9242 FAX: (808) 768-7768

Email: ethics@honolulu.gov

Website: http://www.honolulu.gov/ethics/

THIS SPACE FOR OFFICE USE ONLY

HOWOLULU ETHICS COMMISSION RECOIVED

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2019 REGISTRATION

Lobbyist Registration (Type or Print Clearly)

PART I LOBBYIST				
NAME (Last) (First) (Middle)				
Thoemmes III, Walter F				
LOBBYIST FIRM/EMPLOYER (if applicable)		TELEPHON	E	
Kamehameha Schools		808-523-6200		
MAILING ADDRESS (No. and Street or P.O Box)		FAX		
567 South King St., Suite 200		EMAII		
		EMAIL wathoemm@ksbe.edu		
(City) Honolulu	(State)	(Zip Code)	6813	
Buland Anna de William				
PART II.A ORGANIZATION				
NAME OF ORGANIZATION YOU LOBE	Y FOR (Do not abbreviate)	TELEPHONE		
Kamehameha Schools		808-523-6200		
MAILING ADDRESS (No. and Street or P.O. Box)		FAX		
567 South King St., Suite 200		EMAIL wathoemm@ksbe.edu		
(City) Honolulu	(State)	(Zip Code) 9	6813	
ESTIMATED NUMBER OF MEMBERS	(if lobbying on behalf of members)			
3,500			☐ Not Applicable	
METHODS USED BY MEMBERS TO MAKE POLICY DECISIONS				
Vote by leadership committee				Not Applicable
, , , , , , , , , , , , , , , , , , ,				
PART II.B NO LONGER LOS	BBYING		AUHAWA A	
☐ I am no longer authorized to lobby	in Part II.A	DATE		

PART III DESCRIPTION OF SUBJECTS ON WHICH YOU EXPECT TO LOBBY					
⊠Business & Economic Development	□Community Services		□Customer Services		
□Culture & Arts	⊠Housing		☑Public Works, Infrastructure & Sustainability		
□Parks & Recreation	☑Public Health, Safety & Welfare		□Tourism		
0.5			☐Specific Legislation: ☐Additional Sheet(s) Attached		
⊠Transportation	☑Zoning & Planning		Bill No(Year) Reso No Admin. Rule No Dept		
□Other (indicate below):					
PART IV LOBBYIST CER	TIFICATION				
correct			Subscribed and sworn to before me This,		
		By:			
		NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS			
MAR 1 8 2019 DATE		My comr	My commission expires: See next page.		
DADT V AUTUODIZATION	LTOLOPPY				
PART V AUTHORIZATION TO LOBBY NAME Kau'i Burgess NAME OF ORGANIZATION (Ir applicable) TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED Director of Community and Government Relations TELEPHONE					
Kamehameha Schools			808-523-6200		
MAILING ADDRESS (No. and Street or P.O Box)					
567 South King St., Suite 200			EMAIL kaburges@ksbe.edu		
(City) Honolulu	(State)	(Zip	Code) 96813		
I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned.					
(Signature of Authorizing Officer or Person Represented)			(Date)		

NOTE: This is a public document.

State of Hawaii)	
City & County of Honolulu) ss:)	
Subscribed and sworn to (March, 2019, by Walter F.	or affirmed) before me, this 18 day of Thoemmes III.	
Lori Kaneshiro Notary Puolic, State of Hav	vaii	
My Commission expires:	September 14, 2011	0
	Doc Date: MAR 1 8 2019 # Pages:	3
	Doc Name: Handuh 2019 Registration - Lobbyist	Registration
	Doc Description: for Walter F. Thoundres I.	
	Notary Signature Lori Kaneshiro	Notary Seal S.
	Commission Number: 03-526	
	First Cirguit Court of Hawaii	

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